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INTERPERSONAL DISTANCE IN SOCIAL RELATIONSHIPS  
AND MENTAL HEALTH OUTCOMES IN A GLBT SAMPLE

by

Kristina McDougal

Thesis submitted in partial fulfillment  
of the requirements for the degree

of

DEPARTMENTAL HONORS

in

Psychology

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UTAH STATE UNIVERSITY  
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Spring 2007

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## ABSTRACT

Interpersonal Distance in Social Relationships and  
Mental Health Outcomes in a GLBT Sample

by

Kristina McDougal, Bachelor of Science

Utah State University, 2007

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Department: Psychology

Ample research has been conducted on how heterosexuals distance themselves from gays and lesbians through lack of emotional attachment, job discrimination, and lack of familial support, yet there has been little research on how people who are gay, lesbian, bisexual or transgender (GLBT) view this distancing. To examine the distancing from the point of view of people in a GLBT sample we surveyed 200 GLBT people at the Annual Pride Not Prejudice celebration in Salt Lake City. Participants were asked how they viewed their relationship with their parents, and how they perceived their parents religiosity. Participants also completed the Beck Depression Inventory to examine the relationship of perceived social distancing to depression as an important mental health outcome. The present study examined the relationship between how a participant rated their parents' religiosity and perceived social distancing (PSD). PSD was positively correlated with extrinsic religiosity ( $r = .359, p < .01$ ) and intrinsic religiosity ( $r = .239, p < .01$ ). In addition to measuring PSD, a scale was created to measure self social distancing (SD), or the degree to which participants distanced themselves from their

parents. SSD was significantly correlated with both extrinsic religiosity ( $r = .432, p < .01$ ), and intrinsic religiosity ( $r = .368, p < .01$ ). Both distancing constructs (PSD, SSD) were strongly positively correlated ( $r = .738, p < .001$ ). Finally, this study sought to investigate the relationship between social distancing in a family unit and mental health in a sample from the GLBT population. Depression had a mild to moderate positive correlation with PSD ( $r = .225, p < .05$ ), and SSD ( $r = .358, p < .01$ ). Implications for these findings and others findings from this study will be discussed.

(31 pages)

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I especially want to thank to Dr. Melanie Domenech Rodríguez who has given more help than I could ever describe. She gave me the confidence to do this project, was patient enough to tell me over and over how to run the same analysis, and spent hours revising drafts and discussing problems. Most of all I want to thank her for the exceptional guidance and support.

## PURPOSE OF THE RESEARCH

I chose the thesis topic because of my interest in diversity issues specifically. My interest in GLBT issues dates back to high school, when I had friends tell me that they were homosexual. All of them came from LDS (Mormon) families, each seeing a therapist and on anti-depressant medication. I was interested in seeing if specific interaction with the family and religion had a correlation with depression in the GLBT population. The large LDS population in Utah represents a particularly interesting laboratory from which to examine the relationship between religion and social distancing, and examining the homosexual experience in this context will give unique contributions to clinicians as they seek to help those who feel they are experiencing discrimination. Further, the subjective experience of feeling distanced will be better understood if we can find quantifiable relationships with depression/anxiety and perceived social distancing.

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## REVIEW OF THE LITERATURE

Prejudice against gays and lesbians can be demonstrated in many ways. Some overt such as the Defense of Marriage Act, (1996) prohibiting federal recognition of same-sex marriages, or hate crimes such as physical or verbal attacks (D'Augelli 1992; Herek 1998). More subtle or covert forms of prejudice are likely to be more frequent, as well as more difficult to detect and measure. One such form has been documented and is known as social distancing (Swim, Ferguson, & Hyers, 1999). Distancing can be expressed through lack of emotional attachment, job discrimination, and lack of familial support. One specific example of social distancing is found in Swim's (1999) research. Swim asked a group of heterosexual women to report on their beliefs when presented with the beliefs of other women who were reported to be either lesbian or heterosexual. Heterosexual women were found to distance themselves by expressing beliefs that were dissimilar to lesbian women's beliefs and similar to heterosexual women's beliefs. This is true even if their core beliefs were more in line with the lesbian women's beliefs (e.g., endorsing sexist beliefs of heterosexual women instead of nonsexist beliefs of lesbian women).

Research suggests prejudicial attitudes are driven by people's reactions to the sexual dimension of a homosexual relationship. For example, Wilkinson and Roys (2005) found that when reading stories of gays and lesbian's sexual orientation, participants reacted more negatively to the behavioral components than they did to the emotion or fantasy components. This difference was related to the participants' religiosity (Wilkinson & Roys, 2005). Similarly, Testa, Kinder, and Ironson (1987) had participants read descriptions of same- and opposite-sex couples. Heterosexual readers were more

likely to rate the gay and lesbian relationships as having less emotional attachment as well as lower satisfaction than the comparable heterosexual relationships, even when the descriptions were identical.

Even though there has been research conducted on how heterosexuals distance themselves from gays and lesbians, there has been little research on how people who are gay, lesbian, bisexual or transgender (GLBT) view this distancing. The present study examines the perceptions of distancing from the point of view of people in the GLBT population.

#### *Religion and discrimination against gays and lesbians*

In understanding prejudice against gays and lesbians one important issue to consider is religiosity. Many religious organizations including Christian denominations teach that homosexuality is immoral (Brooke, 1993). Conservative traditional Christian beliefs have been found to be a predictor of negative feelings towards homosexuals (Hinrichs & Rosenberg 2002; Plugge-Foust, 2000).

Previous research has addressed the question as to whether religious people can make the distinction between the gay/lesbian behavior and the person who espouses that sexual orientation. The "love the sinner, hate the sin" attitude leads many Christians to say they value homosexual persons while they reject the behavior.

The answer in this question may depend on the motivation behind the person's religious faith. According to Allport and Ross (1967) intrinsically motivated faith is when the belief is internalized and becomes a part of the person, thus, the person "lives" the religion. Extrinsically motivated faith is when the person "uses" the religion and is involved for reasons that are external (Allport & Ross, 1967).

Results from a study done by Batson, Floyd, Meyer, and Winner (1999) led to the conclusion that intrinsic Christians were not able accept the homosexual person while hating the sin. The authors used financial help as a measure of acceptance. The participants worked at a time-limited task, which might financially benefit another student. Participants were given the opportunity to help two unknown people win a \$30 gift certificate. The description received about the other "student" was varied regarding sexual orientation and what the person intended to do with the money. Participants received two notes about one of the two "students." The first note either disclosed that the peer was or was not gay, the second note revealed what the peer wanted to do with the money which would either be used in gay-related activities (e.g., gay pride rally) or non-gay-related activities (e.g., visiting grandparents). Participants that scored high on measures of intrinsic religiosity helped the gay discloser less than the non-gay discloser; this was true whether or not the gift certificate would be used for a gay-related activity. Batson concluded that intrinsic religiosity is associated with negative feelings toward both the sinner and the sin. These Christians were not able to "love the sinner but hate the sin" (Batson, 1999).

Bassett et al. (2000) results showed the opposite. One hundred and thirty participants were recruited at a Christian liberal arts college. Participants were given \$10 but they could only keep half of the money. The participants were given three options of what to do with the remaining half, they could donate it to a religious group that supported homosexuals but not their sexual behavior, give it to a religious group that supported the homosexual person regardless of their behavior, or the participant could choose to give the money back to the researcher. Participants who had previously been

self identified as “universally” rejecting to gays and lesbians regardless of behavior (celibate or sexually active) choose to give the money back to the researcher. “Selective rejecting” students (accept the person but reject the behavior) were most likely to give the money the church that affirmed gay persons but not behavior. These Christians were able to make the distinction between loving the sinner and hating the sin.

The results of these two studies displayed conflicting outcomes. As pointed out by Bassett (2001) the difference in these results may be due to methodological differences. One important difference between studies was in the entity receiving the money. The Batson et al (1999) participants made a choice that resulted in individuals making money while the participants in Bassett (2000) chose a particular religious institution. To clear up this difference in methodologies Bassett et al (2001) did a follow up study. In order to separate the person from the behavior, the homosexual which participants would be helping was committed to living a celibate life. This insured that helping this person could not be construed as supporting same-sex sexual behavior. The authors replicated the Batson et al. 1999 study with some modifications. The students worked at a time-limited task, which might benefit another student. The other student varied regarding sexual orientation and what they intended to do with the money. Participants were more likely to help the gay/celibate discloser than the sexually active gay participant planning to attend a rally or visit grandparents. Their willingness to help the gay/celibate discloser was not statistically different from their willingness to help the non-gay discloser. Results from the study suggest that social distancing from people who are GLBT is based on notions of sexual behavior and not on GLBT identification per se.

*Family religiosity and gays and lesbians*

The doctrinal teaching of many faiths is that homosexuality is a sin. Lease and Shulman (2003) looked at the impact that these teachings have on family members of GLB individuals. They surveyed eighty-eight family members of GLB individuals on the role of religion in acceptance from family members and how they reconciled conflicts between religious beliefs and the sexual orientation of a close family member. Many of the participants rejected teachings against homosexuality and chose to focus on teachings of acceptance and unconditional love. Other family members reduced participation in their religious congregation, looked for a congregation that was more accepting of them, or left organized religion. The change in religious participation was captured in the percent of participants responding that they were raised in no religion (3%) compared to the percent responding that they currently had no affiliation with an organized religion (21%).

*Family relationships and gays and lesbians*

Coming out to others is usually viewed as psychologically healthy for lesbians and gay men (LaSala, 1997). Studies have found that 60-77% of gay men and lesbian come out to their parents (Berger, 1990). As a result of the high rates of disclosure, social distancing and prejudice within the families an area of concern (LaSala, 1997).

When their child discloses their sexual orientation parents frequently react with shock guilt, and embarrassment (Ben-Ari, 1995). Parents often go through the stages of grief (i.e., denial and isolation, anger, bargaining, depression, and acceptance) following disclosure of their child's sexual orientation (Harrison, 2003). This experience puts strain on the individual and the family (LaSala, 1997). This strain often leads parents to make

rude comments, show disapproval and in some situations estrangement and violence can occur (Muller, 1987).

Predictions about their parents' reactions to disclosure of a GLBT identity do effect decisions to disclose. In a study on perceived family relationships and gay males, Benson (2001) found that specifically Mormon gay males in his sample withheld information about their sexual orientation and other aspects of their lives from parents both to protect parents from the emotional impact and to protect themselves from the parents' emotional reactions to the disclosure. Males in this sample came out to parents at a later-than-expected age when examined in contrast to what is known about non-Mormon samples.

Savin-Williams (2001, as cited in Wilkinson, 2005) found that many gay youths hesitate to disclose their sexual orientation because they worry that their parents would see them in negative stereotypes of promiscuous sexual behaviors. As a result many on these youth would wait until they were in a committed relationship to disclose their sexual orientation to convey the emotional nature. Wilkinson found that this waiting may lead to some strained communication in the family (Wilkinson, 2005).

#### *Discrimination and mental health*

Research has found GLBT people experience more psychological distress than their heterosexual counterparts. However, the etiology may not originate from some inherent pathology but from the social influences stigmatize homosexuality (Waldo, 1999). A large literature documents the effect of social support, particularly emotional support, in buffering the effects of stress on well-being among a variety of populations

and settings (Yoshikawa, 2004). This social support is often missing for gay men and lesbians.

According to Hiller & Harrison (2004), when these young persons disclose their sexual orientation they suffer from discrimination and abuse. Not surprisingly, living in hostile environments leaves young people at high risk of drug abuse, depression and suicide. As previously discussed, parents' reactions may leave the gay son or daughter feeling lonely, confused and depressed (Hiller & Harrison, 2000). A study conducted by Heering et al. (2000), found that compared to a control group of heterosexual youth, homosexual and bisexual youth were at a greater risk for suicidal ideation (Heering et al. 2000).

Personality characteristics may predispose individuals to psychological distress and also affect whether discrimination is perceived, thereby spuriously inflating associations between discrimination and mental health. Huebner, Nemeroff, & Davis (2005) in a sample of 250 gay and bisexual males, did find that personality characteristics (i.e., hostility, neuroticism) significantly moderated the relationship between self-reported discrimination and depressive symptoms. However, discrimination remained a significant predictor of depressive symptoms after controlling for hostility and neuroticism in these men.

Yoshikawa (2004) examined the relationship of experienced discrimination on depressive symptoms in gay men (N = 192). High rates of clinically significant depressive symptoms were reported (45%). After controlling for income, ethnicity, age, and relationship status, it was found that experiences of discrimination were associated with higher levels of depressive symptoms (Yoshiwanka, 2004).

*Influences of family relationships on depression in GLBT people*

Research has revealed that in comparison to growing up in other minority groups, growing up gay, lesbian or bisexual can be a lonely and stressful experience (Martin & Hetrick 1988). One reason for this different experience in comparison with other minorities is that they are the minority within the family as well as in society and do not have the connection of sharing their minority status with parents (Waldo, 1999).

Holtzen et al. (1995) in a sample of 113 male and female adult gays and lesbians showed that attachment relationship to parents and cognitive patterns are indicative of depression. Savin-Williams (1989, as cited in Proctor, 1994) found that the greater degree of parental acceptance the more comfortable the adolescent felt being gay and the higher the self-esteem. Although this study assessed the youths' perception of parental attitudes and not the parents' actual attitude, it indicates that parental acceptance of their child's sexual orientation may lead to greater self-esteem.



## HYPOTHESES

Based on the available research literature, the following hypotheses are presented to organize the current study. Perceived intrinsic religiosity will be:

H1: Negatively correlated with perceived social distancing

H2: Positively correlated with self social distancing

Perceived extrinsic religiosity will be:

H3: Positively correlated with perceived social distancing

H4: Positively correlated with self social distancing

Additionally,

H5: Social distancing will be positively correlated with depression (BDI)

H6: Depression is the most prevalent reason that gays and lesbians seek counseling and medication

## METHODS

### Participants

Participants were recruited at the annual *Gay Pride Not Prejudice* celebration on June 4, 2006 in Salt Lake City, Utah. A convenience sample was gathered from people in attendance at the event. A booth was set up advertising research regarding sexual orientation, and research assistants invited people to participate. A total of 232 people participated in the research. The current sample consists of 166 participants; 32 of the surveys were not analyzed because they were incomplete, or participants reported being underage, and additional 34 respondents (17%) reported heterosexual orientation so their surveys were not analyzed for this study. Of the remaining respondents, the vast majority reported espousing a gay or lesbian orientation ( $n = 137$ , 68.5%), followed by a bisexual orientation ( $n = 28$ , 14%). Only one participant reported a transgender identity. Of these respondents ( $n = 92$ , 55.4%) were male and ( $n = 68$ , 41%) were female, a small number of respondents chose to withhold this information ( $n = 6$ , 3.6%). Ages of the respondents ranged from 18 to 66. ( $M = 31.83$ ,  $SD = 10.72$ ). Religious affiliations included LDS ( $n = 47$ , 23.5%), Catholic ( $n = 14$ , 7%), Protestant ( $n = 8$ , 4%), non-denominational ( $n = 39$ , 19.5%), Jewish ( $n = 4$ , 2%), and other ( $n = 84$ , 42%). Four participants did not indicate religious affiliation.

### Procedures

Participants were recruited at the Gay Pride not Prejudice celebration in Salt Lake City. Participants were recruited in two ways: (1) they were approached by a researcher and asked to fill out a 7 minute survey, and (2) a booth was set up which participants would walk by and be greeted by a researcher and asked to fill out a survey. Only

participants who were willing to respond were considered in the sample. Once a participant had agreed they read an informed consent explaining the study (see Appendix A). The research assistant answered any questions the participant had. The research assistant assured all participants their name was not on the survey and their participation was anonymous. The participant then completed the survey. The survey consisted of four questionnaires (see Appendix B). The first questionnaire was general, including questions on gender, age, age of first disclosing their sexual orientation, and age of disclosing their orientation to their parents. The second survey was the Beck Depression Inventory. The third survey measured the perceived religiosity of the participant's family. The fourth survey measured the type and frequency of perceived social distancing in the participant's relationships since the time of coming out. After completing the participant was given a slip to enter a drawing for a free I-Pod shuffle. Approximately one month following data collection, one participant was selected to win the I-Pod shuffle. The participant was contacted and the prize was mailed.

## Materials

### *Background variables*

In the first questionnaire the participants filled out a demographic questionnaire including questions of gender, age, religious preference, number of siblings, age of first disclosing their sexual orientation, and whether they had disclosed their orientation to their parents. Participants were also asked if they had been in counseling and/or had used psychotropic drugs and for what reason. All measures are included in Appendix B.

*Social Distancing: Perceived and Self*

The Perceived Social Distancing (PSD) scale measured the type and frequency of PSD in the participant's relationships with their parents since coming out. This scale was adapted from the Perceived Discrimination Scale (Kessler, Mickelson, & Williams, 1999). It had 14 items and an alpha reliability of .96 in this sample. The Self Social Distancing (SSD) scale was created specifically for this study to measure how the participant distanced themselves from their parents. It had 5 items and an alpha reliability of .90 in this sample.

*Beck Depression Inventory (BDI)*

The Beck Depression Inventory is a 21 item scale measuring depression. The content measures symptoms related to depression including hopelessness and irritability, cognitions such as guilt or feelings of being punished, as well as physical symptoms such as fatigue, weight loss, and lack of interest in sex. The content of this inventory were gathered by consensus from clinicians to match these symptoms (Beck, Steer, & Garbin, 1988). According to Beck et al. the internal consistency for the BDI ranges from .73 to .92 with a mean of .86. The alpha for this sample was .94.

*Intrinsic/Extrinsic Religiosity (IER)*

Finally, religiosity was measured using an adapted version of the Intrinsic/Extrinsic religiosity scale (Allport & Ross, 1967). The original scale measures personal religious orientation, the adapted scale adds items to examine the perceived religious orientation of participants' parents. This scale has two subscales. Two items were deleted from the original extrinsic subscale. Corrected item-total correlations showed that the items did not correlate strongly to the total scale, adding unnecessary

error to the measurement that could be easily eliminated. The final extrinsic religiosity scale included 10 items and showed adequate reliability ( $\alpha = .88$ ). For the intrinsic religiosity scale all 8 items were retained and results showed good scale reliability ( $\alpha = .93$ ).

## RESULTS

A total on 232 questionnaires were administered. Data were analyzed using SPSS and Microsoft Excel. Surveys not meeting IRB age requirements on informed consent ( $n = 32$ ) were removed from further analysis. Of the remaining 200 respondents 34 were heterosexual and therefore not analyzed for this study. The remaining data were analyzed in order to ensure appropriate ranges and calculate scale reliabilities. Correlations between each of the variables in question were then examined.

The goal of the present study was to examine gays' and lesbians' subjective experiences of social distancing, as well as the role of the perceived religiosity of the participant's family in this distancing process. Further, we looked for the relationships between perceived distancing and psychological well-being using the Beck Depression Inventory. The main questions examined in this study were as follows: What is the relationship of perceived intrinsic religiosity and perceived social distancing? What is the relationship of perceived extrinsic religiosity with perceived social distancing? What is the relationship of perceived social distancing with depression?

### *Preliminary Results*

*First Disclosure.* Age of first disclosure ranged from 9-50 years of age. The vast majority of respondents ( $n = 98$ , 59%) first disclosed to a friend, followed by a parent ( $n = 28$ , 16.9%), a sibling ( $n = 15$ , 9%) and other family members ( $n = 21$ , 12.7%), Four participants did not respond to this question. Participants were also asked if they had disclosed their sexual identity to their parents. The vast majority ( $n = 133$ , 80.1%) reported they had disclosed to a parent, with slightly more than 18% ( $n = 30$ ) reported they had not disclosed to a parent. Three participants choose not to answer this question.

*Counseling.* Fully two thirds of the respondents ( $n = 112$ , 67.5%) reported they had sought counseling at some point in their life. Reasons for seeking counseling included depression ( $n = 75$ , 67%), anxiety ( $n = 35$ , 31.3%), GLBT related issues ( $n = 34$ , 30.4%), relationship issues ( $n = 42$ , 37.5%), substance abuse ( $n = 15$ , 13.4%), and other issues ( $n = 27$ , 24.1%). Of the respondents who had been in counseling, most ( $n = 100$ , 89.3%) reported going to individual therapy, followed by group therapy ( $n = 38$ , 33.9%). Fewer participants reported going to couples therapy ( $n = 18$ , 16.1%), family therapy ( $n = 15$ , 13.4%), or other types of therapy ( $n = 6$ , 5.4%). The co-morbidity was significant for depression with anxiety ( $r = .479$ ,  $p < .01$ ), GLBT issues ( $r = .257$ ,  $p < .01$ ), relationship issues ( $r = .193$ ,  $p < .05$ ), and substance abuse ( $r = .177$ ,  $p < .05$ ). Anxiety had a significant correlation with GLBT issues ( $r = .212$ ,  $p < .01$ ), and relationship issues ( $r = .173$ ,  $p < .05$ ).

*Psychotropic medication.* Participants were asked if they had taken any psychotropic medications, and exactly half ( $n = 83$ ) reported they were presently or had in the past taken medication to treat psychological illnesses. Reasons for psychotropic medications reported were depression ( $n = 68$ , 81.9%), Bipolar disorder ( $n = 12$ , 14.5%), anxiety ( $n = 26$ , 31.3%), ADHD ( $n = 14$ , 16.9%), substance abuse ( $n = 2$ , 2.4%), and other reasons ( $n = 6$ , 7.2%). Use of medication for depression was significantly correlated with taking psychotropic medication for Bipolar disorder ( $r = .192$ ,  $p < .05$ ), and anxiety ( $r = .381$ ,  $p < .01$ ). Taking medication for bipolar disorder was significantly related to taking medication to treat anxiety ( $r = .199$ ,  $p < .05$ ), and ADHD ( $r = .166$ ,  $p < .05$ ). Use of medication for anxiety was also correlated with using psychotropic medication for substance abuse ( $r = .256$ ,  $p < .01$ ).

### *Correlation Analyses*

*Perceived social distancing and self social distancing.* Participants level of perceived social distancing was strongly positively correlated with the level of self social distancing ( $r = .738, p < .001$ ).

*Religiosity and social distancing.* PSD was positively correlated with extrinsic religiosity ( $r = .359, p < .01$ ) and intrinsic religiosity ( $r = .239, p < .01$ ). SSD was significantly correlated with both extrinsic religiosity ( $r = .432, p < .01$ ), and intrinsic religiosity ( $r = .368, p < .01$ ).

*Depression and social distancing.* Depression showed a mild to moderate positive correlation with perceived social distancing ( $r = .225, p < .05$ ). The relationship was stronger between depression and self social distancing ( $r = .358, p < .01$ ).

*Intrinsic religiosity and extrinsic religiosity and depression.* This study showed whether a participant perceived their parent as intrinsically and extrinsically religious does not correlate significantly with their depression scores on the BDI.

### *Post-hoc Regression Analyses*

Regression analyses were performed to examine a predictive model for depression that includes social distancing and religiosity. Extrinsic and intrinsic religiosity were entered in the model first followed by perceived social distancing and self-social distancing. The model was statistically significant and accounted for 12.5% of the variance in depression. The model was primarily driven by self-social distancing (see Table 1).

Table 1

*Summary of Simultaneous Regression Analyses for Variables Predicting Depression*



	B	SE B	$\beta$	t	Sig.
Extrinsic Religiosity	-.021	1.395	-.002	-.015	.988
Intrinsic Religiosity	-.514	1.164	-.062	-.442	.659
Perceived social distancing	-.769	1.141	-.079	-.673	.502
Self social distancing	3.488	-.985	.429	3.539	.001
$R^2 = 0.125$					

## DISCUSSION

The high prevalence rate of LDS members in Utah made this a good population to examine the relationships between parents' religiosity, perceived and self-social distancing and mental health among GLBT persons. The LDS religion along with many Christian faiths does teach that homosexuality is a sin, but you should "love the sinner, hate the sin." Our results indicate that how a gay son or lesbian daughter perceives their parent to be religious correlated with social distancing within the family unit. More specifically as the son or daughter perceived their parent to be religiously motivated, they felt like they were treated unjustly on an account of their sexuality. This supports our hypothesis that religiosity will positively correlate with distancing. The distancing that the GLBT people experience from other groups (Swim et al. 1999) also occurs in the family system. This was evident by indirect forms of distancing such as no phone calls, no Christmas or birthday cards, and not being informed of family events. Social distancing was also displayed by the son or daughter reporting that their parents treated them like they were valueless in ways such as acting like they are dishonest, not as smart, and not as good as other family members. This could also be more direct such as calling them names, and threatening or harassing them. This supports previous research that some gay sons and lesbian daughters experience estrangement and even violence (Muller, 1987). Contrary to our hypothesis the extent to which this religious motivation was intrinsic or extrinsic did not seem to have a significant influence on the perceived level of distancing, and intrinsic and extrinsic religiosity was strongly correlated. It may be that son or daughter has a general perception of a parent's religiosity instead of intrinsic and extrinsic motivated religiosity.

Results also showed that as a participant perceived their parent to be more religious they also distanced themselves from their parents (SSD). This supports previous research that in order to avoid confrontation the gay son or lesbian daughter avoids sharing information about their life (Harrison, 2003).

Participants who perceived high levels of social distancing from their parents also reported high levels of self social distancing. Thus, as a participant felt that their parents were treating them different because of their sexual orientation they also reported pulling away from their parents, not sharing details of their life, avoiding family gatherings, and avoiding contacting their parents. This is a correlation and is not clear whether perceived social distancing leads to self social distancing or vice-versus or if there is another mediating factor.

Reasons for seeking counseling and psychotropic medications varied greatly but the most sighted was depression followed by anxiety. Results show that those who are perceived as social distancing had a mild to moderate positive correlation with perceived social distancing. The participant is lacking important social support that would buffer against stress, leaving the gay son or lesbian daughter more susceptible to depression (Yoshikawa, 2004). There was a strong correlation between depression and self social distancing. As the participant is avoiding sharing their lives, this makes it harder for them to be comfortable in their sexuality, or because they are already uncomfortable they want to avoid further confrontation with their parents. It may also be that because the participants feel like they are pushing their parents away, it also leads to feelings of guilt.

This study contributes to the study of family relationships in the GLBT population. This study examines the perspective experience of the son or daughter and

does not necessarily reflect the behaviors or intentions of the parents. This study does, however, demonstrate the religiosity as perceived by the son or daughter does affect their subjective experience of social distancing within the family. It also demonstrates there is a tie between the experience of distancing (both perceived and self distancing) and depression.

### *Limitations*

After collecting the data, as we continued to review literature we found other questions future research should address. The general questionnaire needs to be reviewed and better adapted to the population, including older participants. This questionnaire should include a question about how long participants waited to disclose to their parents after disclosing to the first person or themselves. This would answer if this sample faces similar problems and fears of disclosure cited in other research.

Along with asking about the perceived parental religiosity future research should include asking the participant about their own religiosity. It may also be beneficial use a religiosity scale that does not distinguish between intrinsic and extrinsic religiosity since this did not appear to be of significance in this study.

While the Beck's Depression Inventory is widely used and validated participants had a hard time distinguishing between the options and completing the scale, this may have had an impact on the religiosity scales. Future researchers should evaluate if this is the best scale to use to assess depression.

The sample in this study was a convenience sample, this may lead to potential bias because they are attending a PRIDE celebration and may feel differently than those that will not attend such an event.

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## Appendix A

## **Informed Consent**

### **Interpersonal Distance in Social Relationships and Mental Health Outcomes**

**Introduction/Purpose:** Professor Melanie Domenech Rodríguez in the Department of Psychology at Utah State University is conducting research to examine the relationship between interpersonal distance in social relationships and mental health outcomes. You have been asked to participate because you are an adult 18 years of age or older and are in attendance at the Gay Pride not Prejudice Celebration. There will be approximately 200 participants at this location.

**Procedures:** You will be asked to complete 4 surveys. Your participation will last about 15 minutes.

**Risks and Benefits:** There are no major risks. It is possible that you may experience some discomfort from answering questions. You may skip questions that you are not comfortable answering. There may or may not be any direct benefit to you from these procedures. Others may possibly benefit from what the researchers learn about interpersonal relationships and mental health.

**Explanation & offer to answer questions:** The research staff has explained this study to you and answered your questions. If you have other questions or research-related problems, you may reach Dr. Domenech Rodríguez at (435) 797-3059.

**Voluntary nature of participation:** Participation in research is entirely voluntary. You may refuse to participate or withdraw your participation at any time *without consequence or loss of benefits*.

**Confidentiality:** Your answers to this survey are anonymous, meaning that no one will be able to identify your personal answers to the questions. In addition, all surveys will be kept confidential in accordance with local and federal laws. Only the investigator and the two research assistants will have access to the data. The data will be kept for a period of one year after which it will be shredded.

**IRB Approval:** The Institutional Review Board (IRB) for the protection of human participants at USU has reviewed and approved this research study. If you have any questions or concerns about your rights, contact the IRB office at (435) 797-1821.

**Investigator statement:** "I certify that the research study has been explained to the individual, by me or my research staff, and that the individual understands the nature, purpose, and the possible risks and benefits associated with taking part in this research study. Any questions that have been raised have been answered."

#### **Signature of Investigator and Student Investigator**

\_\_\_\_\_  
Melanie Domenech Rodríguez, Ph.D.  
Principal Investigator  
(435) 797-3059

\_\_\_\_\_  
Kristina McDougal  
Student Investigator  
(801) 631-2380

\_\_\_\_\_  
Adam Kynaston  
Student Investigator  
(435) 881-3556

## Appendix B

### Demographic

Age: \_\_\_\_\_

Gender:    M    F

Sexual Orientation:

- ☐ Homosexual (Gay)  
☐ Heterosexual (Straight)  
☐ Bisexual  
☐ Transgender

Religious Preference:

- ☐ LDS  
☐ Muslim  
☐ Catholic  
☐ Protestant  
☐ Non-Denominational  
☐ Jew  
☐ Other (Specify): \_\_\_\_\_

Number of Siblings: \_\_\_\_\_

Marital Status of Parents or Legal Guardians:

- ☐ Married  
☐ Separated  
☐ Divorced

How old were you when you first told someone about your sexual orientation? \_\_\_\_\_

Relationship of person to whom you first disclosed: (i.e. sibling, parent, friend)

\_\_\_\_\_

Have you disclosed your sexual orientation to your parents?    Yes/ No

Have you ever been in counseling?    Yes / No

If so, what were the central issues? (mark all that apply)

- ☐ depression  
☐ anxiety  
☐ GLBT issues (e.g., coming out)  
☐ relationship issues  
☐ substance use / abuse  
☐ other (please explain): \_\_\_\_\_

You attended (mark all that apply) ...

- ☐ individual therapy  
☐ group therapy  
☐ family therapy  
☐ couples' therapy  
☐ other (please explain): \_\_\_\_\_

Have you ever taken medication to help manage a mental health condition?    Yes/ No

If so, which condition(s)?

- ☐ depression  
☐ anxiety  
☐ other (please explain): \_\_\_\_\_

### Perceived Social Distancing

**Instructions:** Rate each of the items below by circling the number which best corresponds your (1=Strongly Disagree, 2=I tend to disagree, 3=I'm not sure, 4=I tend to agree, 5=I strongly agree)

#### Actions you perceive in your parents

1	Your parents act as if they think you are not as good as they are	1	2	3	4	5
2	Your parents act as if they think you are not as good as your siblings	1	2	3	4	5
3	Your parents act as if they think you are not smart	1	2	3	4	5
4	Your parents treat you with less respect than they treat other people in your family	1	2	3	4	5
5	Your parents treat you with less courtesy than they treat other people in your family	1	2	3	4	5
6	Your parents act as if they think you are dishonest	1	2	3	4	5
7	Your parents call you names or insult you	1	2	3	4	5
8	Your parents threaten or harass you	1	2	3	4	5
9	You are not being informed of special events in the family	1	2	3	4	5
10	You are not invited to family dinners	1	2	3	4	5
11	Your parents call you less often than they call your other siblings	1	2	3	4	5
12	You parents do not send cards on special days (birthdays, anniversaries, etc.)	1	2	3	4	5
13	Your relationships are not acknowledged	1	2	3	4	5
14	Your parents rarely ask how you are	1	2	3	4	5

#### Actions you perceive in yourself

15	You feel like you pulled away from your parents.	1	2	3	4	5
16	You feel like you don't share details of your life	1	2	3	4	5
17	You choose not to go to family events when invited	1	2	3	4	5
18	You avoid family gatherings	1	2	3	4	5
19	You avoid contacting parents	1	2	3	4	5

### Intrinsic / Extrinsic Religiosity Scale

Instructions: Rate each of the 20 items below by circling the number which best corresponds to your parents beliefs (1=Strongly Disagree, 2=I tend to disagree, 3=I'm not sure, 4=I tend to agree, 5=I strongly agree)

1	Your parents enjoy reading about their religion.	1	2	3	4	5
2	Your parents go to church because it helps them to make friends.	1	2	3	4	5
3	Your parents feel it doesn't matter what they believe so long as they are good.	1	2	3	4	5
4	Sometimes your parents feel they have to ignore their religious beliefs because of what people might think of them	1	2	3	4	5
5	It is important to your parents to spend time in private thought and prayer.	1	2	3	4	5
6	Your parents would prefer to go to church:	1	2	3	4	5
	1. A few times a year or less					
	2. Once every month or two					
	3. Two or three times a month					
	4. About once a week					
	5. More than once a week					
7	Your parents often have a strong sense of God's presence.	1	2	3	4	5
8	Your parents pray mainly to gain relief and protection.	1	2	3	4	5
9	Your parents try hard to live their lives according to their religious beliefs.	1	2	3	4	5
10	What religion offers your parents most is comfort in times of trouble and sorrow.	1	2	3	4	5
11	Your parents' religion is important because it answers many questions about the meaning of life.	1	2	3	4	5
12	Your parents would rather join a Bible study group than a church social group.	1	2	3	4	5
13	Prayer is for peace and happiness.	1	2	3	4	5
14	Although your parents are religious, they don't let it affect their daily life.	1	2	3	4	5
15	Your parents go to church mostly to spend time with friends.	1	2	3	4	5
16	My parents' whole approach to life is based on religion.	1	2	3	4	5
17	My parents go to church mainly because they enjoy seeing people they know there.	1	2	3	4	5
18	My parents pray mainly because they have been taught to pray.	1	2	3	4	5
19	Prayers my parents say when they are alone are as important to them as those they say in church.	1	2	3	4	5
20	Although my parents believe in their religion, many other things are more important in life.	1	2	3	4	5

## The Beck Depression Inventory

Read each question carefully, and circle the one statement in each that best describes the way you have been feeling during the past two weeks, including today.

### 1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time
- 2 I am sad all of the time.
- 3 I am so sad or unhappy that I can't stand it.

### 3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back I see a lot of failures.
- 3 I feel I am a total failure as a person.

### 5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty most of the time.

### 7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

### 9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

### 11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless that I have to keep moving or doing something.

### 2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my fortune is hopeless and will get only worse.

### 4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

### 6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

### 8. Self-Criticisms

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

### 10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

### 12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

**13. Indecisiveness**

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than usual.
- 3 I have trouble making any decisions.

**15. Loss of Energy**

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

**17. Irritability**

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

**19. Concentration Difficulty**

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

**21. Loss of Interest in Sex**

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex complete

**14. Worthlessness**

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

**16. Changes in Sleeping Pattern**

- 0 I have not experienced any change in my sleeping pattern.
- 1 I sleep somewhat more/less than usual,
- 2 I sleep a lot more/less than usual.
- 3 I sleep most of the day.  
I wake up 1-2 hours early and can't get back to sleep.

**18. Changes in Appetite**

- 0 I have not experienced any change in my appetite.
- 1 My appetite is somewhat greater/lesser than usual.
- 2 My appetite is much greater/lesser than usual.
- 3 I crave food all the time or I have no appetite at all.

**20. Tiredness or Fatigue**

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.



### AUTHOR'S BIOGRAPHY

Kristina McDougal graduated from Bingham High School in 2003. She has been interested in studying human behavior since middle school and turned her eight grade science project into an empirical research project including a literature review, data collection, and analysis. She enjoyed that experience and knew that she wanted to go into psychology and do more of this type of research. She wanted to learn what other psychologists have discovered in the past through their research but she also wanted to be able to contribute to the field of psychology through her own research. That fall she entered Utah State University as a Psychology major, with a minor in Management human resources in the hopes to one day become an I/O psychologist. She later worked at a residential treatment center and realized that her passion was in helping adolescence and doing therapy. With the advice of Dr. Scott Bates she joined the honors program at the end of her sophomore year. In her junior year she joined Psi Chi Executive Council serving as president her senior year. In addition to her didactic experience she volunteered in the counseling center as a REACH Peer. She is a recipient of the Psychology department Outstanding Achievement award. After graduation in May 2007 Kristina will move to Denver, Colorado to attend the University of Denver in the Masters of Social Work program where she was awarded a Merit Scholarship. She will then be able to combine her love of research and therapy to help the adolescents she will work with.